CASE REPORT FORM Rheumatic Fever

Rheumatic Fever EpiSurv No. EpiSurvNumber

Disease Name DiseaseName

- ○ Rheumatic fever - initial attack
- ○ Rheumatic fever - recurrent attack

Reporting Authority

Name of Public Health Officer responsible for case OfficerName

Notifier Identification

Reporting source* ReportSrc
- ○ General Practitioner
- ○ Hospital-based Practitioner
- ○ Laboratory
- ○ Self-notification
- ○ Outbreak Investigation
- ○ Other

Name of reporting source ReportName **Organisation** ReportOrganisation

Date reported* ReportDate **Contact phone** ReportPhone

Usual GP UsualGP **Practice** GPPracticeName **GP phone** GPPhone

GP/Practice address Number housenumber Street streetname Suburb suburb
Town/City towncity Post Code postcode ☐ GeoCodegeocode addressmatchaccuracy

Case Identification

Name of case* Surname Surname Given Name(s) GivenName

NHI number* NHINumber **Email** Email

Current address* Number housenumber Street streetname Suburb suburb
Town/City towncity Post Code postcode ☐ GeoCodegeocode addressmatchaccuracy

Phone (home) PhoneHome **Phone (work)** PhoneWork **Phone (other)** PhoneOther

Case Demography

Location TA* TA **DHB*** DHB

Date of birth* DateOfBirth **OR Age** Age ○ Days ○ Months ○ Years AgeUnits

Sex* Sex ○ Male ○ Female ○ Indeterminate ○ Unknown

Occupation* Occupation

Occupation location occupation_place_type ○ Place of Work ○ School ○ Pre-school

Name occupation_place_name

Address Number housenumber Street streetname Suburb suburb
Town/City towncity Post Code postcode ☐ GeoCodegeocode addressmatchaccuracy

Alternative location occupation_place_type ○ Place of Work ○ School ○ Pre-school

Name occupation_place_name

Address Number housenumber Street streetname Suburb suburb
Town/City towncity Post Code postcode ☐ GeoCodegeocode addressmatchaccuracy

Ethnic group case belongs to* (tick all that apply)

- ☐ NZ European EthNZEuropean
- ☐ Maori EthMaori
- ☐ Samoan EthSamoan
- ☐ Cook Island Maori EthCookIslandMaori
- ☐ Niuean EthNiuean
- ☐ Chinese EthChinese
- ☐ Indian EthIndian
- ☐ Tongan EthTongan
- ☐ Other (such as Dutch, Japanese, Tokelauan) *(specify)EthOther EthSpecify1 EthSpecify2

Rheumatic Fever EpiSurv No. EpiSurvNumber

Basis of Diagnosis

Meets Jones criteria for rheumatic fever* Jones ○ Yes ○ No ○ Unknown

MAJOR MANIFESTATIONS

Carditis* Cadritis ○ Yes ○ No ○ Unknown

Polyarthritis* Polyarth ○ Yes ○ No ○ Unknown

Subcutaneous nodules* Subcutan ○ Yes ○ No ○ Unknown

Erythema marginatum* Erythema ○ Yes ○ No ○ Unknown

MINOR MANIFESTATIONS

Arthralgia* Arthralgia ○ Yes ○ No ○ Unknown

Fever* Fever ○ Yes ○ No ○ Unknown

Elevated ESR* ElevESR ○ Yes ○ No ○ Unknown

Positive C-reactive protein* PostiveC ○ Yes ○ No ○ Unknown

Prolonged PR interval* ProlongPR ○ Yes ○ No ○ Unknown

SUPPORTING LABORATORY CRITERIA FOR STREPTOCOCCAL INFECTION

Evidence of preceding group A Streptococcal infection* Evidence ○ Yes ○ No ○ Unknown

*If yes, specify method(s):
- Elevated or rising streptococcal antibody titre ☐ ElevTitre
- Positive throat culture for group A Streptococcus ☐ PosCulture
- Positive rapid streptococcal antigen test ☐ PosRapid

OTHER CLINICAL MANIFESTATIONS

Chorea* Chorea ○ Yes ○ No ○ Unknown

Indolent carditis* IndolCard ○ Yes ○ No ○ Unknown

STATUS* Status ○ Under investigation ○ Probable ○ Confirmed ○ Not a case

PREVIOUS HISTORY OF RHEUMATIC FEVER (for recurrences only)

Number of previous attacks* ____ PrevAttacks

First attack - date*FirstDate ________ ☐ Date Unknown FirstDateUnknown

Hospital where diagnosed* FirstHospital ________

Most Recent Previous attack - date*LastDate ________ ☐ Date Unknown LastDateUnknown

Hospital where diagnosed* LastHospital ________

Clinical Course and Outcome

Date of onset* OnsetDt ________ ☐ Approximate OnsetDtApprox ☐ Unknown OnsetDtUnknown

Hospitalised* Hosp ○ Yes ○ No ○ Unknown

Date hospitalised* HospDt ________ ☐ Unknown HospDtUnknown

Hospital* HospName ________

Died* Died ○ Yes ○ No ○ Unknown

Date died* DiedDt ________ ☐ Unknown DiedDtUnknown

Was this disease the primary cause of death?* DiedPrimary ○ Yes ○ No ○ Unknown

If no, specify the primary cause of death* DiedOther

____

Outbreak Details

Is this case part of an outbreak (i.e. known to be linked to one or more cases of the same disease?*

☐ Yes Outbrk **If yes, specify Outbreak No.*** OutbrkNo ________

Protective Factors - Recurrences only

Case on rheumatic fever register* RFRegister ◯ Yes ◯ No ◯ Unknown

If yes, name of rheumatic fever register* RFRegName

Case receiving antibiotic prophylaxis* PrphxReceive ◯ Yes ◯ No ◯ Unknown

Management

CASE MANAGEMENT

If case not on rheumatic fever register, was case placed on register? PriorRFReg ◯ Yes ◯ No ◯ Unknown

If yes, name of rheumatic fever register PriorRFName

If case was receiving antibiotic prophylaxis

Was the case taking prophylaxis PrphxTake ◯ regularly ◯ irregularly ◯ uncertain

Type of prophylaxis PrphxName ◯ benzathine penicillin ◯ penicillin V ◯ erythromycin

◯ Other antibiotic (specify) PrphxName PrphxSpecify

◯ Unknown

If case not on antibiotic prophylaxis have arrangements been made for delivery of prophylaxis?* DelvPrphx ◯ Yes ◯ No ◯ Unknown

Name of person administering prophylaxis Administer

Occupation group AdminOccup ◯ PHN ◯ Hospital based Nurse ◯ Other ◯ Unknown

Case under specialist care Specialist ◯ Yes ◯ No ◯ Unknown

Name of specialist SpecltName

Case's dentist advised of condition Dentist ◯ Yes ◯ No ◯ Unknown

Name of dentist DentistName

Comments*

Comments

Version 3rd August 2007 *** core surveillance data, ~ optional data**